State of Arkansas AMENDED CORPORATION INCOME TAX RETURN AR1100CTX

FOR OFFICE USE ONLY

NAME	FEIN			
NUMBER AND STREET				
CITY, STATE, AND ZIP CODE	TELEPHONE NO.			
ENTER NAME AND ADDRESS USED ON ORIGINAL RETURN (If same as above, write "same")				

Attach copy of completed Federal Form 1120X or IRS Revenue Agent's Report.									
PART I									
	INCOME	€ (Round to whole dollars)		(A) ginally Reported as Adjusted	Net Ch (Increase or Explain in	nange Decrease -	(C) Correct Amount		
1.		me (Line 15, AR1100CT)							
2.		uctions (Line 27, AR1100CT)							
3.	Net Opera	ating Losses (Line 29, AR1100CT)							
4.	Taxable Income (Line 1 less Lines 2 and 3)								
5.	Apportioned/Allocated Income (Sch. A, C4 AR1100CT, Page 2)								
6.	Tax (Line	31, AR1100CT)							
	PAYMEN	NTS AND CREDITS (Round to whole dollars)							
7.	Estimated	Estimated Tax Payments							
	(Include E	Stimate Credit Carryforward and Extension Payments)							
8.	Business and Incentive Tax Credits (Line 32, AR1100CT)								
9.	9. Tax Paid with (or after) Original Return								
10.). Total Payments and Credits (Add Lines 7 through 9)								
11.	. Overpayment shown on Original Return or as Later Adjusted								
12.	Tax Due (Add Lines 6 and 11, Subtract Line 10).							
	(Make check payable to "Department of Finance and Administration")								
13.	3. Interest on Tax Due (Refer to General Instructions on back)								
14.	Total Tax a	and Interest Due (Add Lines 12 and 13)							
15.	Overpayment (Line 10 less Lines 6 and 11)								
	a. Amount applied to Credit Carryforward for Tax Year								
	Ending / /								
	b. Issue	Refund in Amount of (Line 15 less Line 15a)							
Diana		Under penalties of perjury, I declare that I have examined this return, includ knowledge and belief, it is true, correct, and complete. Declaration of prepaknowledge.							
•	Sign	Signature of Officer		Date		Title			
	Paid	Preparer's Signature		Check if Self-Employed		Preparer's	FEIN/SSN/PIN		
	parer's 	Firm's Name (or yours, if self-employed) and Address		FEIN	·		Arkansas Revenue liscuss this return with		
Use			ŀ	Zip Code			arer shown to the left?		
Only				Zip Oodc			Yes No		

FORM AR1100CTX

	PART II					
Explanation of Changes to Income, Deductions, Credits, etc. (Enter the Line reference from page 1 for which a change is reported, and give reason for each change. Attach supporting schedules.)						
GENERAL INSTRUCTIONS						
Purpose of Form:	Use Form AR1100CTX to correct Form AR1100CT as previously filed or adjusted. You may file an AR1100CTX only after the corporation has filed its original return. AR1100CTX must be filed within three (3) years after the date the original return was due or three (3) years after the date the corporation filed the original return, whichever is later, except in the case of an IRS audit. A completed copy of the Federal Amended return or IRS Revenue Agent's Report must be attached to Form AR1100CTX.					
Requirements:	You must explain any changes to income, deductions, credits, etc. in Part II of Form AR1100CTX. To expedite processing of the AR1100CTX you must attach any and all supporting schedules or documentation to support the changes made on the Amended Return. If multi-state, attach amended apportionment schedule. If consolidated, attach separate company schedule of changes.					

Interest at ten percent (10%) per annum will be computed on a daily rate of .00027397 from original due date, to date amended return is filed and the tax is paid. The original due date is the 15^{th} day of the fifth month after the close of the tax year .

Interest: